WORKING WITH PARLIAMENTARIANS ON SRH IN GHANA

NANA OYE LITHUR
• INDEPTH Network commissioned research to assess the legal and policy framework on SRH in Ghana, and assessing compliance with the laws, protection of SRH rights

• Wide gaps were identified and the need for political intervention recommended to facilitate high level intervention

• Actual activity planned was two and a half hours meeting with Parls. To discuss findings of study and solicit their support
WHAT WERE THE ISSUES?

-SRH was not on the agenda, low visibility on the political landscape
-INDEPTH had facilitated research that articulated the issue of addressing SRH
-The debates surrounding the DV Bill provided an opportunity to present a case to Parliamentarians
Reproductive health, sex abuse and violations

- There are only a few referrals made to the health sector, there is under-reporting by health providers, and no clear coordination or links with DOVVSU
- No prophylaxis provided for rape and defilement victims placing them at risk of contracting HIV
- Although gender-based violence is a component of the Reproductive Health Policy, there are no protocols adopted on application in health care centres
- Victims of sexual abuse and domestic violence have to pay for medical reports and medical examinations after assault rape and defilement, which adversely affects prosecution where victims cannot afford to pay
### DOVVSU Statistics on Prosecution of cases- 2007

<table>
<thead>
<tr>
<th>Types of case (Totals)</th>
<th>Number of Cases</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of Reports</td>
<td>17315</td>
<td>100</td>
</tr>
<tr>
<td>Investigating</td>
<td>13679</td>
<td>79</td>
</tr>
<tr>
<td>Closed</td>
<td>2015</td>
<td>11.6</td>
</tr>
<tr>
<td>Sent to Court</td>
<td>1091</td>
<td>6.3</td>
</tr>
<tr>
<td>Awaiting Trial</td>
<td>944</td>
<td>5.4</td>
</tr>
<tr>
<td>Convicted</td>
<td>93</td>
<td>0.5</td>
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<tr>
<td>Refused</td>
<td>644</td>
<td>3.7</td>
</tr>
<tr>
<td>Acquitted</td>
<td>54</td>
<td>0.3</td>
</tr>
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</table>
WHAT WERE THE FACTS/GAPS IDENTIFIED?

- SRH rights were not being adequately protected
- The State was not adhering to their legal obligations
- Payment of medical fees was hindering investigation of sexual abuse and domestic violence cases
THE STRATEGIES WE ADOPTED

- Partnership with Clerk of Parl., its adm. Head
- Key collaboration with Clerks of relevant Parl. committees
- Facilitating media discussions to generate interest and present a compelling human story
- Working around Parl. Time, making session short and succinct
S TRATEGIES CONTD.

- Lobbying Chair of the Comm. beforehand
- Making info. easily accessible,
- Helping Parl. to draft statements
- Using personalities well known in SRH in Ghana; Prof Binka, Dr Bawa, Nana Oye to deliver papers
STRATEGIES

- Carefully packaging message
- Being available for follow-up
- Holding two subsequent regional workshops and involving MPS in their constituencies
- Sending them updates and copies of reports
WAYS ADOPTED TO SUSTAIN THE DIALOGUE

- Following up ‘diplomatically’ with the Committee clerks
- Monitor statements by Parls. on the floor through the media
- Make a physical presence during consideration of the DV Bill
MORE POINTS

- Make clear recommendations that will be easy to follow and relate recommendations directly with the mandate of the Parls.
A COMPELLING HUMAN STORY: MAHAD SEIDU

Mahad Seidu, a 19 year old girl working in Accra as a head porter was kidnapped, tied in chains, padlocked and concealed under the seat of a trotro bound for Walewale, 723km north. There she was to be forced into marriage with a business man.

A team of policemen from the MTTU rescued her before the truck set off and arrested two men.

The suspects claimed to have been sent by the girl’s parents to Accra to take her back to the village to be married off.
THE MEDIA AS AN ALLY

- Briefed key selected media on the issues
- Used already existing SRH media network
- Invited media as participants and not merely to cover event
- Did not invite media for Parl. Workshop
- Provided media with reports

Condoms in abundance at KATH — No shortage

From Kingsley E. Hope, Kumasi

The Ashanti Regional Health Directorate of the Ghana Health Service has stated that there is no shortage of condoms in the country, stating that they are in abundance at the Komfo Anokye Teaching Hospital.

According to Theresa Otoo-Acheampong, Deputy Regional Director of Nursing Services of the directorate “the condoms are in abundance such that there is no place to stock them”.

She was reacting to a comment made by the Country Director of the Commonwealth Human Rights Initiative (CHRI), Nana Oye Lithur, in reference referred to the Times publication of October 11, 2008, on condom shortage, during a workshop on Reproductive Health Rights, held on Wednesday.

In-depth Network in collaboration with the CHRI held the one-day workshop to discuss the current issues in reproductive health in the country with a particular focus on women in the Ashanti Region.

Mrs Otoo-Acheampong indicated that there had been an increase in public awareness of the HIV/AIDS pandemic and other sexual diseases and that people had been using condoms but “the mad rush has not created any shortage.

Contributing, Mrs Miimi Akuah, programme coordinator of the Planned Parenthood Association of Ghana (PPAG), noted that it was only a perceived shortage because of the price of the condom.

She said a pack of 12 condoms is being sold at GH¢30 and yet most people believed the price is too high.

Mrs Akuah indicated that the PPAG has been training community members who go from community to community to sell the condoms.

She observed that most of the people wanted the condoms for free and said “we have not got there yet, as there is not enough resources to ensure free distribution”.

Earlier, Nana Oye Lithur was worried that maternal mortality was not adequately being addressed in the country and quoted a 2007 United Nations Development Programme Report which indicated that maternal mortality had increased from 187.2 deaths for 100,000 live births in 2006 to 229.92 per 100,000 births in 2007.

On the other hand, the WHO and UNICEF report quoted the actual figure as high as 700 – 900 deaths per 100,000 live births in the three northern regions of Ghana.

She said, there was inaccurate data on maternal mortality in the country as “if inaccurate data is relied upon, the government cannot fulfill its duty to provide a proper services for pregnancy”, and called for a proper data.

On marriage laws, the country director noted that some aspects of the law are discriminatory and stressed the need for a review of the laws to avoid man marrying deceased wife’s niece or sister but woman cannot marry deceased husband’s brother or nephew.
SO WHAT CHANGED?

- A specific provision was inserted in the DV Act stipulating that medical assistance sought under the DV Act will be free of charge.
WHY WAS THE NOVEL?

- It was not included in draft Bill submitted to Cabinet and forwarded to Parl.
- Parl. playing key legislative function suo moto
HAS THIS LED TO BETTER PROTECTION?

- NO!
- Fees still being demanded by health providers as our regional workshops revealed
- Health providers not aware of the law
- Need to work with Ghana Health Service to enforce law.
Participants at the regional workshop on SRH in Kumasi, Ashanti region – two members of Parl., queenmothers, regional heads of Social Welfare, Human Rights Commission
CONCLUSIONS

- It is difficult but it works!
- Credibility and the message bearer is critical for action to happen, there has to be a ‘connect’
- The engagement has to be sustained for the objective of effective protection of SRH to be fully realised